

**CITY OF FLORIDA CITY
OCCUPATIONAL LICENCE
APPLICATION AFFIDAVIT**

FOR OFFICE USE ONLY	
License No.	_____
Total Fee	_____
Category	_____

Application is hereby made for an Occupational License for the purpose of engaging in the business, profession or occupation hereinafter described.

(PLEASE PRINT)

Name of Business (dBA) _____	Billing Address _____
Address _____	_____
Zip _____ Phone _____	_____
Emergency Phone _____	Owner Name _____
(Need copy of Federal Employee Identification # and/or Social Security card)	Address _____
State License Number _____	Zipcode _____
(If Applicable, Need Copy)	Phone _____
U. S. Citizen? _____ Resident Alien? _____	Corporation Name _____
(Need copy of INS card and / or Photo ID)	(Need Copy of Article of Incorporation)

Please check the following boxes that apply to your business. Describe further in Sections 1 thru 6

- | | |
|--|--|
| <input type="checkbox"/> AMUSEMENT AND RECREATION (See Section 1) | <input type="checkbox"/> MEDICAL OFFICE / HEALTH CARE FACILITY |
| <input type="checkbox"/> AUTOMOTIVE SERVICES (See Section 3) | <input type="checkbox"/> OTHER PROFESSIONAL (Specify in Section 6) |
| <input type="checkbox"/> BARBER / BEAUTY SHOP / NAIL / TANNING (See Section 3) | <input type="checkbox"/> MERCHANT - RETAIL & WHOLESALE |
| <input type="checkbox"/> CONTRACTOR (Specify Type) _____ | <input type="checkbox"/> MOBILE HOME PARK / TRAILER PARK |
| <input type="checkbox"/> DRY CLEANING / LAUNDRYMAT (See Section 1) | <input type="checkbox"/> NON-PROFIT ORGANIZATION |
| <input type="checkbox"/> EATING AND DRINKING ESTABLISHMENTS (See Section 1) | <input type="checkbox"/> REAL ESTATE (See Section 4) |
| <input type="checkbox"/> INSURANCE AND / OR BONDING COMPANY | <input type="checkbox"/> RENTAL UNITS (See Section 5) |
| <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> WAREHOUSE |
| <input type="checkbox"/> LANDSCAPING / HORTICULTURAL SERVICES | <input type="checkbox"/> MOBILE VENDOR / PEDDLER |
| <input type="checkbox"/> MISCELLANEOUS (Describe further in Section 6) | |

_____ **TOTAL SQUARE FEET** _____ **NUMBER OF EMPLOYEES**

Please check the appropriate boxes and fill in spaces pertaining to your business

SECTION 1	
<input type="checkbox"/> CATERING OR DELIVERY	_____ NUMBER OF ALLEYS - BOWLING ALLEY
<input type="checkbox"/> DRIVE IN / DRIVE THRU	_____ NUMBER OF MACHINES - COIN OPERATED AMUSEMENT MACHINES
<input type="checkbox"/> ENTERTAINMENT	_____ NUMBER OF MACHINES - FOOD, BEVERAGE, OR TOY VENDING MACHINES
<input type="checkbox"/> DANCING	_____ SEATING CAPACITY
<input type="checkbox"/> JUKEBOX	_____ NUMBER OF VENDING MACHINES

SECTION 2		
_____ NUMBER OF STYLING CHAIRS	_____ NUMBER OF STYLING CHAIRS	_____ NUMBER OF TANNING BOOTHS
(For Hair Salons & Barbers)	(For Nail Sculptures)	

SECTION 3			
_____ NUMBER OF GAS PUMPS	<input type="checkbox"/> WRECKER SERVICE	<input type="checkbox"/> CAR WASH	<input type="checkbox"/> WINDOW TINT
_____ NUMBER OF VEHICLE CAPACITY	_____ NUMBER OF PUBLIC CONVEYANCE	_____ NUMBER OF TAXI CABS	
_____ NUMBER OF CAR RENTALS	_____ NUMBER OF TRUCK RENTALS	_____ NUMBER OF TRAILER RENTALS	

SECTION 4			
_____ NUMBER OF BROKERS	_____ NUMBER OF SALESPERSONS	_____ NUMBER OF ADJUSTERS	_____ NUMBER OF AGENTS
Please submit an accurate list of every person who issues or contracts on his account by agent, or otherwise to issue policies or contracts for, or agreements with, any local agent/agency which represent you. Please include their mailing address and State License Number.			

SECTION 5

____ NUMBER OF 1 BEDROOM RENTALS

____ NUMBER OF 2 BEDROOM RENTALS

____ NUMBER OF SPACES (MOBILE HOME PARK)

☐ DRY CLEANING SERVICE / DROP OFF

____ NUMBER OF WASHERS AND DRYERS

____ NUMBER OF DRY CLEANING MACHINES

SECTION 6

State character type of business, profession or occupation _____

I have read the foregoing and certify the information contained herein is correct to the best of my knowledge and belief. Unless specifically requesting establishment of an adult use, I also certify the business, its owners and its operators are not involved in adult entertainment business in Florida City or in any other jurisdiction, and have not been convicted of Chapter 794, 796, 800 or 847, Florida State Statutes, offences, or similar statutes of another state. I understand that any misrepresentation shall be grounds for revocation of my license. I also understand that I must comply with all code requirements of the City of Florida City.

Date_____
Signature of Applicant & Title_____
Printed Name of Applicant

Mail To: City of Florida City
Occupational Licenses
404 West Palm Drive Building # 3
Florida City, FL 33034

Apply At: City of Florida City
Community Development Division
Building & Zoning Department
404 West Palm Drive Building # 3
Florida City, FL 33034

DO NOT WRITE IN THIS SPACE

DERM Approval Stamp if Applicable

Make checks payable to: City of Florida City**OFFICIAL USE ONLY**

Verified by Visual Inspection(s) By: _____

Signature of Inspecting Official

OK TO ISSUE - BY: _____**Director of Building & Zoning**